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Nyala Insurance S.C
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Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco@nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: BUZUNESH Father's Name: Endale G. Father's Name: Eshetu
Date of Birth: 25-Dec-93 Place of Birth: ARSI Passport Number: EP6681255 Gender: Female
Address: - Region: OROMIA City: ARSI Sub City: HOTOSA Woreda: ODAJILA Kebele: _____ H. No.: _____
Occupation: Housewife Marital Status: married Labor ID Number: _____
Contact Person in case of Emergency: Name Girma Kebede Telephone: 0924094788

2. Particulars of The Travel

Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677
Destination Country: Arabi Departure (Effective) Date: _____

3. Beneficiary Information

I hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are subject required claim documents, court order and liquidation report attested by the court.

	Full Name	Relationship	Percentage Share	Address/Telephone
i.	<u>Girma Kebede</u>	<u>Husband</u>	<u>100%</u>	<u>ARSI</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

Please attached copy of Passport and Kebele ID to this form.

Name of Life Assured: BUZUNESH Endale Signature: [Signature] Date: 6-may-25